

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

STATE OF INDIANA) IN THE PRINT THE NAME OF THE
COUNTY WHERE YOU ARE
FILING THESE PAPERS CIRCUIT COURT
COUNTY OF PRINT THE NAME OF THE
COUNTY WHERE YOU ARE
FILING THESE PAPERS) SS:
CASE NO. LEAVE BLANK, THE CLERK WILL FILL IN

IN RE THE NAME CHANGE OF:)
PRINT YOUR CURRENT FULL NAME. YOU ARE)
THE PETITIONER IN YOUR CHANGE OF NAME)
CASE.)
Petitioner.)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: PRINT YOUR CURRENT FULL NAME and I am

Initiating (filing) X;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: PRINT YOUR FULL MAILING ADDRESS,
TOWN, STATE AND ZIP CODE
Email Address: PRINT YOUR EMAIL ADDRESS
Phone: PRINT YOUR PHONE NUMBER
FAX: PRINT YOUR FAX NUMBER

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A
CONFIDENTIAL
ADDRESS
THROUGH THE
OFFICE OF THE
ATTORNEY
GENERAL,
CHECK HERE

☐ _____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number IF YOU HAVE A FAX NUMBER WHERE YOU WANT
TO RECEIVE COURT PAPERS, PRINT IT HERE

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5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes X No

6. There are related cases: Yes _____ No X *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES _____

SIGN YOUR NAME _____

Self-Represented Party

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

IN RE THE NAME CHANGE OF:)
)
)
)
 Petitioner.)

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

Petitioner, _____, PRINT YOUR CURRENT FULL NAME _____, pro se, respectfully petitions this court to change his/her name. In support of this Petition, Petitioner states as follows:

3. That my Indiana driver's license number/Indiana identification card number is
PRINT YOUR DRIVER'S LICENSE NUMBER OR
INDIANA IDENTIFICATION CARD NUMBER _____; and I will bring my Indiana driver's license or identification card
to my Change of Name Hearing for verification.

- And, if different, my residence address is: IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT,
ALSO PRINT YOUR STREET ADDRESS. TOWN, STATE AND ZIP CODE

- PRINT ALL OF YOUR PREVIOUS NAMES

6. That I (do) (do not) hold a valid United States passport. My proof that I am a United States citizen is PRINT YOUR PROOF OF CITIZENSHIP. I will bring this document to my Change of Name Hearing for verification.

IF YOU HAVE A VALID U.S. PASSPORT, CIRCLE "DO"; IF YOU DO NOT HAVE A VALID U.S. PASSPORT, CIRCLE "DO NOT".
PROOF IS A CERTIFIED BIRTH CERTIFICATE, CONSULAR REPORT OF BIRTH ABROAD OR CERTIFICATION OF BIRTH, NATURALIZATION CERTIFICATE, CERTIFICATE OF CITIZENSHIP, OR SECONDARY DOCUMENTS. FOR A LIST OF SECONDARY DOCUMENTS, VISIT [HTTP://TRAVEL.STATE.GOV/PASSPORT/GET/SECONDARY_EVIDENCE/SECONDARY_EVIDENCE_4314.HTML](http://travel.state.gov/passport/get/secondary_evidence/secondary_evidence_4314.html)

7. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against me, or I have stated immediately below that I have no felony convictions:

PRINT THE JUDGMENTS OF FELONY CONVICTIONS UNDER THE LAWS OF ANY STATE OR THE UNITED STATES THAT HAVE BEEN ENTERED AGAINST YOU. PLEASE SEE THE NOTE ON THE NEXT PAGE FOR MORE INFORMATION ON THIS PARAGRAPH.

8. That I am not seeking to defraud creditors by changing my name.

9. That I have published notice of my request for name change in a local publication as required by law, and will bring proof of publication to the hearing.

10. That I am not a sex or violent offender who is required to register under I.C. 11-8-8.

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VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

11. That pursuant to Indiana Code 34-28-2-1, I wish to change my name. The reason I want to change my name is:

PRINT THE REASON YOU WANT TO CHANGE YOUR NAME _____.

12. That I wish to change my name to PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO.

WHEREFORE, I respectfully request that this Court grant my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR CURRENT FULL NAME

Signature

PRINT YOUR CURRENT FULL NAME

PRINT YOUR MAILING ADDRESS

PRINT YOUR CITY, STATE AND ZIP CODE

NOTE FOR QUESTION 7 ON PREVIOUS PAGE:

IF YOU HAVE HAD A FELONY CONVICTION WITHIN TEN (10) YEARS, YOU MUST PROVIDE NOTICE OF THE FILING OF THIS PETITION FOR NAME CHANGE TO: (1) THE SHERIFF OF THE COUNTY IN WHICH YOU RESIDE; (2) THE PROSECUTING ATTORNEY OF THE COUNTY IN WHICH YOU RESIDE; AND (3) THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION. THE NOTICE GIVEN TO THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION MUST INCLUDE YOUR FULL CURRENT NAME, REQUESTED NAME CHANGE, DATE OF BIRTH, ADDRESS, PHYSICAL DESCRIPTION, AND A FULL SET OF CLASSIFIABLE FINGERPRINTS. FAILURE TO PROVIDE NOTICE AT LEAST 30 DAYS PRIOR TO THE HEARING ON THIS PETITION IS A CLASS A MISDEMEANOR.

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VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

STATE OF INDIANA) IN THE) CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE NAME CHANGE OF:)

)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)

Petitioner.)

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, _____ PRINT YOUR CURRENT FULL NAME _____, pro se, states as follows:

1. I have given notice of my Petition for Change of Name, pursuant to Indiana Code 34-28-2-3(a).
2. I have attached a copy of the published notice herein as Exhibit A.
3. The attached notice has been verified by the affidavit of a disinterested person.
4. More than thirty (30) days have passed since the last required publication of notice.

WHEREFORE, I respectfully request that this Court consider my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

SIGN YOUR CURRENT FULL NAME
Signature

PRINT YOUR CURRENT FULL NAME

PRINT YOUR MAILING ADDRESS

PRINT YOUR CITY, STATE AND ZIP CODE

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

STATE OF INDIANA) IN THE) CIRCUIT COURT
COUNTY OF) SS:
CASE NO.

IN RE THE NAME CHANGE OF:)

)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)

Petitioner.)

NOTICE OF PETITION FOR CHANGE OF NAME

PRINT YOUR CURRENT FULL NAME _____, whose mailing address is:

PRINT YOUR MAILING ADDRESS, TOWN, STATE AND ZIP CODE

And, if different, my residence address is:

IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT,
ALSO PRINT YOUR STREET ADDRESS, TOWN, STATE AND ZIP CODE

PRINT THE NAME OF THE
COUNTY WHERE YOU LIVE _____ County, Indiana hereby gives notice that she/he has filed a petition in the

PRINT THE NAME OF THE COUNTY
WHERE YOU ARE FILING THESE PAPERS _____ Circuit Court requesting that his/her name be changed to

PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO _____.

Notice is further given that hearing will be held on said Petition on the _____ day of

_____, 20____ at _____ o'clock ____m.

SIGN YOUR CURRENT FULL NAME _____
Petitioner

Date PRINT THE DATE YOU SIGN YOUR NAME _____

PRINT THE NAME OF THE COUNTY
WHERE YOU ARE FILING THESE PAPERS _____ CIRCUIT COURT CLERK

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

STATE OF INDIANA) IN THE CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE NAME CHANGE OF:)

Petitioner.)

)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME

On _____, Petitioner, PRINT YOUR CURRENT FULL NAME,
appeared for Change of Name Hearing. Witnesses sworn and evidence presented. Comes now the
Court, having reviewed the Verified Petition for Change of Name, Notice of Proof of Publication, and
the evidence presented at the hearing, and now finds as follows:

1. That Petitioner's current name is: PRINT YOUR CURRENT FULL NAME.

2. That Petitioner's date of birth is: PRINT YOUR DATE OF BIRTH.

3. That Petitioner's Indiana driver's license number/ Indiana identification card number was
filed with the Court and is preserved in the Court's records.

4. That Petitioner's mailing address is:

PRINT YOUR MAILING ADDRESS, TOWN, STATE AND ZIP CODE

And, if different, Petitioner's residence address is:

IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT,
ALSO PRINT YOUR STREET ADDRESS, TOWN, STATE AND ZIP CODE.

5. That Petitioner's has no other previous names or Petitioner's previous names are as
follows PRINT ALL OF YOUR PREVIOUS NAMES.

6. That Petitioner does/does not hold a valid United States passport.

7. The Petitioner has presented proof of United States Citizenship.

8. That the Petitioner has no felony convictions, or, the following judgments of criminal
conviction of a felony under the laws of any state or the United States have been entered against the
Petitioner: PRINT THE RESPONSE YOU SET OUT IN PARAGRAPH 7 OF THE VERIFIED PETITION FOR CHANGE OF NAME.

9. That Petitioner is not a sex or violent offender who is required to register under
I.C. 11-8-8.

10. That Petitioner has presented proof of publication of notice to the Court.

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

11. That pursuant to Indiana Code 34-28-2-1, Petitioner wishes to change his/her name.

12. That Petitioner wishes to change his/her name to be
PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO.

13. That Petitioner is not seeking to defraud creditors by changing his/her name.

WHEREFORE IT IS ORDERED that Petitioner's Petition for Change of Name is GRANTED,
and Petitioner's name is hereby legally changed to PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO TO

SO ORDERED this _____ day of _____, 20____.

JUDGE

Distribution:

PRINT YOUR CURRENT FULL NAME

PRINT YOUR MAILING ADDRESS

PRINT YOUR CITY, STATE AND ZIP CODE

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE NAME CHANGE OF:)
)
)
)
)
Petitioner.)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) X ;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes X No

6. There are related cases: Yes_____ No X *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

STATE OF INDIANA) IN THE CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE NAME CHANGE OF:)
)
)
)
)
Petitioner.)

VERIFIED PETITION FOR CHANGE OF NAME

Petitioner, _____, pro se, respectfully petitions this court to change his/her name. In support of this Petition, Petitioner states as follows:

1. That my current name is: _____.

2. That my date of birth is: _____.

3. That my Indiana driver's license number/Indiana identification card number is _____; and I will bring my Indiana driver's license or identification card to my Change of Name Hearing for verification.

4. That my mailing address is: _____

And, if different, my residence address is: _____
_____.

5. The following is a list of all of my previous names:

_____.

6. That I (do) (do not) hold a valid United States passport. My proof that I am a United States citizen is _____. I will bring this document to my Change of Name Hearing for verification.

7. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against me, or I have stated immediately below that I have no felony convictions:

_____.

8. That I am not seeking to defraud creditors by changing my name.

9. That I have published notice of my request for name change in a local publication as required by law, and will bring proof of publication to the hearing.

10. That I am not a sex or violent offender who is required to register under I.C. 11-8-8.

11. That pursuant to Indiana Code 34-28-2-1, I wish to change my name. The reason I want to change my name is:

_____.

12. That I wish to change my name to_____.

WHEREFORE, I respectfully request that this Court grant my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

Signature

STATE OF INDIANA) IN THE CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE NAME CHANGE OF:)
)
)
)
)
Petitioner.)

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, _____, pro se, states as follows:

1. I have given notice of my Petition for Change of Name, pursuant to Indiana Code 34-28-2-3(a).
2. I have attached a copy of the published notice herein as Exhibit A.
3. The attached notice has been verified by the affidavit of a disinterested person.
4. More than thirty (30) days have passed since the last required publication of notice.

WHEREFORE, I respectfully request that this Court consider my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

Signature

IN RE THE NAME CHANGE OF:)
)
)
)
Petitioner.)

_____, whose mailing address is:

And, if different, my residence address is:

Notice is further given that hearing will be held on said Petition on the _____ day of _____, 20____ at _____ o'clock _____ m.

Date _____

Page 1 of 1

STATE OF INDIANA) IN THE CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE NAME CHANGE OF:)
)
)
)
)
Petitioner.)

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME

On _____, Petitioner, _____,
appeared for Change of Name Hearing. Witnesses sworn and evidence presented. Comes now the
Court, having reviewed the Verified Petition for Change of Name, Notice of Proof of Publication, and
the evidence presented at the hearing, and now finds as follows:

1. That Petitioner's current name is: _____.
2. That Petitioner's date of birth is: _____.
3. That Petitioner's Indiana driver's license number/ Indiana identification card number was
filed with the Court and is preserved in the Court's records.
4. That Petitioner's mailing address is:

And, if different, Petitioner's residence address is:

_____.

5. That Petitioner's has no other previous names or Petitioner's previous names are as
follows _____.
6. That Petitioner does/does not hold a valid United States passport.
7. The Petitioner has presented proof of United States Citizenship.
8. That the Petitioner has no felony convictions, or, the following judgments of criminal
conviction of a felony under the laws of any state or the United States have been entered against the
Petitioner: _____.
9. That Petitioner is not a sex or violent offender who is required to register under
I.C. 11-8-8.
10. That Petitioner has presented proof of publication of notice to the Court.

11. That pursuant to Indiana Code 34-28-2-1, Petitioner wishes to change his/her name.

12. That Petitioner wishes to change his/her name to be

_____.

13. That Petitioner is not seeking to defraud creditors by changing his/her name.

WHEREFORE IT IS ORDERED that Petitioner's Petition for Change of Name is GRANTED, and Petitioner's name is hereby legally changed to _____.

SO ORDERED this _____ day of _____, 20____.

JUDGE

Distribution:

